

**CITY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION
BUDGET SUMMARY FOR CONTRACTED SERVICES
FISCAL YEAR 2009 -2010**

SUMMARY PAGE

SAMPLE

Type of Program :
(Check One)

- ☒ Alcohol
☒ Drug
☐ Perinatal
☐ Parolee
☐ Drug Medi-Cal

Type of Submission:
(Check One)

- ☒ Original
☐ Amended

Contract Agency: A.B.C. D.B.A.
Address: 1234 Los Angeles Ave. Los Angeles CA 90010 City, Zip Code
Contract Number: PH000123A Provider Number: 191234 Contract term: From June 30, 2009 To: July 1, 2010
Licensed Slots: _____ Allocated Slots: _____ Program Capacity: _____ Mod. CPRP

		(1) Proposed Budget	(2) Prior Year Expenditures	(3) (2)-(1) Variance
Program Expenses:				
1. Salaries & Employee Benefits	(Sch. P1)	\$25,304	\$39,376	\$14,072
2. Facility Rent/Lease or Depreciation	(Sch. P2)	0	0	0
3. Equipment and/or Other Asset Leases	(Sch. P3)	0	0	0
4. Services, Supplies & Equip. Depreciation	(Sch. P4)	1,646	5,536	3,890
5. Administrative Overhead	(Sch. P5)	4,226	6,716	2,490
6. Total Gross Cost	(line 1-5)	\$31,176	\$51,628	\$20,452

Income/Revenue:

ERROR, EXPENSES MUST EQUAL TOTAL REVENUES

7. County Allocation		\$31,176	\$31,176	\$0
<input type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Non Medi-Cal			
8. Participant/Client Fees				0
9. Excess Fees Carryover from Prior Year				0
10. Private Funding/Public Assistance/Other Provider Revenue				0
11. Total Revenue	(line 7-10)	\$31,176	\$31,176	\$0
12. Total Units of Service Provided/Projected:				
12a. Service Staff Hours		1,030	2,058	1,028
12b. Service Days or Bed Days				0
12c. Individual Face-to-Face Visits		0		0
12d. Group Visits (No. of participants in Group)		0		0
12e. Group Sessions		0		
13. Gross Cost Per Unit:				
13a. Service Staff Hours	(line 6 divided by line 12a)	\$30.27	\$25.09	(\$5.18)
13b. Service Days or Bed Days	(line 6 divided by line 12b)			\$0.00
13c. Individual Face-to-Face Visits	(line 6 divided by line 12c)	\$0.00		\$0.00
13d. Group Visits (No. of participants in Group)	(line 6 divided by line 12d)	\$0.00		\$0.00
14. Net Cost Per Unit				
14a. Service Staff Hours	(line 7 divided by line 12a)	\$30.27	\$15.15	(\$15.12)
14b. Service or Bed Days	(line 7 divided by line 12b)			\$0.00
14c. Individual Face-to-Face Visits	(line 7 divided by line 12c)	\$0.00		\$0.00
14d. Group Visits (No. of participants in Group)	(line 7 divided by line 12d)	\$0.00		\$0.00
15. Individual Slot Cost				
16. Number of Allocated Slot				

Approved for Agency By: _____
Contact Person: _____ Telephone Number: 323-761-8800
Name

COUNTY USE ONLY

Budget Reviewed and Approved by:
Contract Services Division: _____ Date _____
Financial Services Division: _____ Name _____ Date _____
Forwarded to Contracts and Grants: _____
Date